

FILED APR 27 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **14253**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>916</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saint Louis</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Kinloch</u> <u>40910</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Scudder Ave Nr Monroe</u>				e. STREET ADDRESS (If rural, give location) <u>Scudder Ave nr Monroe</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>WALTER</u>		a. (First)		b. (Middle)		c. (Last) <u>BAILEY</u>	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Col</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>		<b>8. DATE OF BIRTH</b> <u>16 Oct 1883</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Garage</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>6</u> <u>Rocheport, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US of A.</u>	
<b>13a. FATHER'S NAME</b> <u>Watt Bailey</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Octavia Bailey</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Octavia Bailey, Kinloch, Mo.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Several years</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>443X</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. <u>4-14-55</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>10-12-1950</u> , to <u>4-15-1955</u> , that I last saw the deceased alive on <u>4-14-1955</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>Herbert R. Donahue</u>		<b>23b. ADDRESS</b> <u>3521 Jefferson Blvd Mo 4-15-55</u>		<b>23c. DATE SIGNED</b>			
<b>24a. BUREAU OF CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>20 Apr 55</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenwood</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hillsdale, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-20-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donahue</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Boyd Bros, Kinloch, Mo.</u>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46144

P. O. Address St Louis 13, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.  
If this body is not embalmed, fact should be so stated above.